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File with: lows Ethics and Campaign Disclosure Board 510 E. 12", Sts. 1A Des Moines, Jowa 50319 Fax: 515-281-4073



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FOR INSTRUCTIONS, SEE BACK OFFIFTHIN 26 AM 7: 39

	SUMMARY PAGE "		
COMMITTEE NAME (Must be same as on Statement of Org	anization)	7	
The Smitty Committee		FORM	
IMPORTANT: Indicate by # tupp of sometimes and incident	161	DR-2	DISCLOSURE
(4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County Candidate (6) City Cand	2)State PAC (3)State Party	(Rev. 07/2007)	REPORT
11) Local Ballot Issue	For Office Use Or		
CANDIDATE COMMITTEES ONLY:		Comm. #	··· ·· · · · · · · · · · · · · · · · ·
Candidate Name	Political Party (if applicable)	Scanned	
Kevin Smith		Computer	
Office Sought 1st Ward seat of the City Council	District (If Senate or House)	Audited	
ate reports are subject to possible civil and criminal penalties. Pu	rsuant to lowa Code sections 68B.32A(7)	and 68A.401(3), the ca	ndidate, for a
SIGNATURE OF PERSON FILING REPORT	<u>(641) 423 - 4888</u>	Nov. 22,	2007
TOTAL OF PERSON FILING REPORT	TELEPHONE	DATE S	IGNED
AM FILING A	REPORT FOR (1) ELECTION (12	NON-ELECTION VE	AD.
(report date)	Indicate by #		711.
CHECK IF AMENDMENT TO REPORT DATED			
		cal Committees, enter Dat	te of Election
(You must continue to file reports until a DR-3 is filed.	, implementation of the control of t	ch Election is held	
STATEMENT OF CASH ON HAND	<u>.</u>		
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FOR INSTRUCTIONS,	SEE BACK OF FORM
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COMMITTEE NAME (Must be same as on Statement of Organization)	SCHEDULE	IN-KIND
The Smitty Committee	(Rev. 06/97)	CONTRIBUTIONS
	CHECK AMENI	K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
· · · · · · · · · · · · · · · · · · ·				\$	
	Candidate Kevin Smith 1776 12th St. N.E. Mason City, Iowa		personal funds	\$910.80	
			SUB-TOTAL	\$ 910.80	
			TOTAL (if last page of this achedule)	\$ 910.80	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable" in the relationship column.

Page _____of___

Community Quick Print

325 N. Jackson Ave South Lot Mason City, IA 50401

Date	invoice #
11/1/2007	39

Bill To	
Kevin Smith 1776 12TH St. NE Mason City, IA 50401	

Ship To					
	······································				

Kevin Sı	nith				-	Ship To				
1776 127	TH St. NE Tity, IA 50401									
.O. Number	Terms		Rep	Ship	Via	T -	F.O.B.		Projec	
			•	11/1/2007	Pick up				110,000	<u> </u>
luantity	ítem Code			Descript	ion		Price Ea	ch	Ar	mount
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Community Quick Print

325 N. Jackson Ave South Lot Mason City, IA 50401

Date	Invoice #
11/1/2007	40

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Kevin Smith			I
1776 12th St. NE			1
Mason City, IA 50401	1	1	1
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·			1 1/1/2007	Pick up			
uantity	Item Code		Descripti	ion	Price	e Each	Amount
2	Color 1 Side	10pt. Color Coa Treasurer, State	ated I Side Poster c of Iowa Sales Tax			0.80 7.00%	1.60T 0.12
					Tota	a i	\$1.72

Community QuickPrint Your delien at work in your community of

Community Quick Print

325 N. Jackson Ave South Lot Mason City, IA 50401

Date	Invoice #
11/2/2007	42

Bill To	711	Ship To
Kovin Smith		Ship to
1776 12th St. NE Mason City. IA 50401		
	ĺ	

P.O. Numbe	f Terms	Rop	Ship	Via	F.O.B.	P	roject
			11/2/2007	Pick up			
Quantity	Item Code		Descrip	tion	Price £	 ≚ach	Amount
374	B&W I Side Bulk Mail	Black and Whi Bulk Mailing e Treasurer. State	te 1 Side harge c of lowa Sales Tax			0.07 0.055 7.00%	Amount 140.00T 20.57T 11.25
				· · · · · · · · · · · · · · · · · · ·	Total		\$171.82

Community Quick Print

325 N. Jackson Ave South Lot Mason City, IA 50401

Date	invoice #
11/5/2007	51

Bill to	
Kevin Smith 1776 12th St. NE	
Mason City, IA 50401	

Ship To	· · · · · · · · · · · · · · · · · · ·			
		i		

.O. Number	Terms			<u> </u>				
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yantity	Item Code	T	Descrip	<u> 1</u>	L	Price Ea		Amount
		Treasurer, Sta	te of Iowa Sales Tax				0.10	63.70T 4.47
IFD						Total		\$68.17



Feedback | Personal Profile | Logout |

Restricted Information

First-Class Mail - Permit	Statement Processing Imprint Receipt	Today's Dale: 11/05/20		
			Fina	
3600	STATEMENT OF MAILIN	BTAL SERVICE G/3607 WEIGHING AND DISPATCH ERTIFICATE	TRANS # 200730914251026M0	
Postage Statement: 46685158	Mailer's Job#;			
DIMENSIONAL GI 325 N JACKSON	RAPHICS CORPORATIO	N		
MASON CITY IA	50401-2626		FINANCE NUMBER: 185760	
STATION OR UNIT:	MASON CITY IA (0100)	A)	PERMIT NO: 444	
DATE OF MAILING 11/05/2007	CLASS First-Class	PROC CAT Card	TYPE PI	
WEIGHT OF SINGLE PIECE (LBS) 0.0071	TOTAL PIECES 2000	TOTAL POUNDS 14.2000	Customer Reference ID	
MAILED FOR: PERMIT NO.			CAPS Acct No:	
NAME:				
CONTAINERS 3		AMOUNT FROM TRUST: \$391	50	
/ERIFICATION SUMMARY No verification errors.	ſ:	AMOUNT PROM (RUST) \$551.	39	
SIGNATURE OF WEIGHER	SCC DATA PROCESSED BY	RECEIVED FOR P	Princesing By	
COMMENTS: KEVIN SM NE MASON CITY IA 5	ITH 1776 12ST ST	ASSERTED FOR FI	BEGINNING BALANCE: \$2,047.57 ENDING BALANCE: \$1,655.98	

| <u>Feedback</u> | <u>Lonout</u> |
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Sant this for your search as proof of mailing